## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER 1" AMENDMENT AS FILED 2 <sup>™</sup> AMENDMENT 1"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND TOTAL DEP TOTAL DEP TOTAL

TOTAL CLAIMS